Application Number Filing Date Applicant(s) **CLAIMS ONLY** * May be used for additional claims or amendments CLAIMS AFTER FIRST AMENDMENT AS FILED AFTER SECOND AMENDMENT Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend δ €÷ 65 16 22 75 26 7E - 31 85-. 34-36 39 97 Total Total Indep Indep 19.4 Total Total Depend Depend Total 4 otal Clairns